



October 27, 2015

TO: Purchasing Department, City of Detroit

To Whom It May Concern,

#1. Wolverine Solutions Group has the front and back-end technology capable of printing Voter ID Cards in the exact format that is requested and required by the City of Detroit Elections Department.

#2. Pricing has been discounted at the 10% City required rate and final numbers are noted below:

Wolverine Solutions Group October 2015

Service Cost:

500 QTY = \$550.00 Minimum = \$1.10/EA

2,500 QTY = \$775.00 = \$.31/EA

5,000 QTY = \$850.00 = \$.17/EA

10,000 QTY = \$1,000.00 = \$.10/EA

Over 10,000 QTY = \$.10/EA

Postage Cost = \$.49/EA

Stacey Blue
Sales Executive
Wolverine Solutions Group
1601 Clay Avenue
Detroit MI 48211-1913
Desk Line: 313-871-3547
Cell Line: 313-399-7772
Email: Sblue@wolverinemail.com



CITY OF DETROIT
FINANCE DEPARTMENT
PURCHASING DIVISION
1008 COLEMAN A. YOUNG
MUNICIPAL CENTER
DETROIT, MICHIGAN 48226
PHONE 313-224-4600
FAX 313-224-4374

IF THIS PURCHASE ORDER
DOES NOT AGREE WITH THE
BID YOU SUBMITTED,
PLEASE CONTACT THE
PURCHASING DIVISION.

Purchase Order

PURCHASE ORDER NO. REVISION PAGE

2873835 3 1

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS.

SHIP TO

2978 W Grand Blvd
Detroit, MI 48202
United States

BILL TO

Coleman A Young Municipal Ce
2 Woodward Avenue
Ste 642
Detroit, MI 48226
United States

SUPPLIER

WOLVERINE SOLUTION GROUP
1601 CLAY
DETROIT, MI 48211

SUPPLIER NO.	DATE OF ORDER/BUYER	REVISED DATE/BUYER
1099518	13-DEC-12 I Patterson	15-JAN-16 I Patterson
PAYMENT TERMS	SHIP VIA	F.O.B.
Net 30	Lowest Cost Carrier	Delivered
FREIGHT TERMS	REQUESTOR/DELIVER TO	CONFIRM TO / TELEPHONE
Account of Seller		S BLUE (313) 871-3547

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	This Sole Source Purchase Order was created in accordance with Period Agreement Request.						
	CC APPROVAL DATE 2ND RENEWAL; JANUARY 12, 2016						
	CC APPROVAL DATE 1ST RENEWAL: JULY 21, 2015.						
	FURNISH: PRINTING OF VOTER ID CARDS FOR TWO (2) YEARS WITH THREE (3) ONE-YEAR RENEWAL OPTIONS.						
	TERMINATION OF CONTRACT: The City reserves the absolute right to terminate this contract in whole or in part for the convenience of the City at its sole discretion on thirty (30) days written notice to the vendor.						
	TERMS: NET 30 DAYS						
	RENEWALS:1						
	The Individuals responsible for accepting performance under this Contract is Christian Maduka, who may be reached at, 313-876-0080.						
	The contact person from whom payment should be requested is Christian Maduka who may be reached at 313-876-0080.						
	A valid invoice meets the following requirements:						
	Vendor Information: Full name of business, Federal Identification Number, unique invoice number, date of invoice, reference to City of Detroit						

CONTRACTS AND PURCHASES BETWEEN THE VENDOR AND THE CITY OF DETROIT ARE SUBJECT TO FEDERAL, STATE AND LOCAL LAWS INCLUDING, BUT NOT LIMITED TO, EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION • THE CITY MAY TERMINATE THE CONTRACT FOR CAUSE OR CONVENIENCE • NO CHANGES EFFECTIVE UNLESS AGREED TO IN WRITING BY CONTRACT AMENDMENT • ONLY SUCH GOODS WILL BE PAID FOR AS COMPLY EXACTLY WITH WRITTEN DESCRIPTION • WHEN SHIPPED VIA COMMON CARRIER, MAIL SHIPPING NOTICE DIRECTLY TO RECEIVING POINT • CASH TERMS DATE FROM RECEIPT AND ACCEPTANCE OF GOODS AND CORRECT INVOICE • PATENTS-CONTRACTORS SHALL PROTECT AND INDEMNIFY AGAINST EXPENSE OF ANY NATURE, SHALL BEAR COST OF ANY SUITS WHICH MAY ARISE, AND SHALL PAY ALL DAMAGES WHICH MAY BE AWARDED AGAINST THE CITY FOR THE USE UNDER THIS SPECIFICATION OF ANY PATENTED DEVICE, PROCESS, APPARATUS, MATERIAL OR INVENTION • THE CITY RESERVES THE RIGHT TO AUDIT EMPLOYEE PAYROLL RECORDS TO VERIFY LABOR CHARGES UPON 72 HOURS NOTICE.

Total 171,600.00

DocuSigned by:

Boysie Jackson

1/21/2016

E7BD9F26E53A4D0...

PURCHASING DIRECTOR'S SIGNATURE
NOT VALID WITHOUT AUTHORIZED SIGNATURE
CC 1/12/2016



CITY OF DETROIT
FINANCE DEPARTMENT
PURCHASING DIVISION
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Net 30	Lowest Cost Carrier	Delivered
FREIGHT TERMS	REQUESTOR/DELIVER TO	CONFIRM TO / TELEPHONE
Account of seller		S BLUE (313) 871-3547

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	purchase order number, part of item number (as referenced in the purchase order)						
	Quantity and Pricing Information: Description of goods or services, part or item number (as referenced in the purchase order), quantity of goods or services provided, unit price of goods or services provided, part or item subtotal (quantity * unit cost), discount terms (if applicable)						
	Delivery Information: Location and date of delivery of goods or services provided, delivery terms (as referenced in the purchase order agreement)						
	INVOICING: All invoices submitted against the contract must include part or item numbers and part or item description, list price, and applicable discount. Items not properly invoiced will not be paid. It is the vendor's responsibility to ensure delivery of invoice(s) to the proper City Dept/Div/Personnel. Invoices must meet the following conditions for payment: a) Price on invoice must correspond to the pricing listed on purchase order and/or contract. b) Contractor must submit price lists in accordance with bid requirements. c) Original invoice must be submitted to the appropriate City of Detroit Account's Payable Section. d) Copy of invoice must be submitted to the department personnel identified on the purchase order as being responsible for processing payment. If a department contact person is not listed on the purchase order the vendor shall request in writing, from the Purchasing Division the name and phone number of the contact person responsible for processing payment.						

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Total

171,600.00

DocuSigned by:

Boysie Jackson

1/21/2016

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Account of seller		S BLUE (313) 871-3547

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	Purchase Agreement Effective From: 01-FEB-13 To: 30-JUN-17				Amount Agreed:	171,600.00	

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Sales Executive
Wolverine Solutions Group
1601 Clay Avenue
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Desk Line: 313-871-3547
Cell Line: 313-399-7772
Email: Sblue@wolverinemail.com

CITY OF DETROIT
ACCOUNTS RECEIVABLE CLEARANCE APPLICATION
2 WOODWARD AVENUE, SUITE 105, COLEMAN A YOUNG MUNICIPAL CENTER
REVENUE COLLECTIONS UNIT (313) 224-4087 / FAX: 224-4238 / RevenueCollections@DetroitMi.gov

X SECTION A: BUSINESS LICENSE BUDGET CITY COUNCIL DDOT DPW FINANCE FIRE HEALTH
HUMAN RIGHTS LAW MAYOR OMBUDSMAN PLANNING & DEVELOPMENT POLICE PURCHASING
RECREATION WATER & SEWAGE OTHER DETROIT BUILDING AUTHORITY

ADDRESS OF DEPARTMENT 1301 THIRD ST DETROIT MI 48226

DATE SENT 9/2/15

CONTACT PERSON IVA PATTERSON

PHONE NUMBER 313-224-1785 FAX NUMBER 313-595-2825 EMAIL pattersoni@detroitmi.gov

CONTRACT AMOUNT \$

X SECTION B: CORPORATION

LICENSE TYPE

CORPORATION NAME WOLVERINE SOLUTION GROUP

ADDRESS 1601 CLAY ST. CITY/STATE/ZIP DETROIT, MI 48211 OWN X LEASE

CITY PERSONAL PROPERTY NUMBER

FID / EIN NUMBER 38-2233061

OTHER CITY-OWNED PROPERTY PARCELS

CONTACT PERSON STACY BLUE PHONE NUMBER 313-399-7772 EMAIL ADDRESS SBLUE@WOLVERINEMAIL.COM

SECTION C: PARTNERSHIP

LICENSE TYPE

BUSINESS NAME

BUSINESS ADDRESS

CITY/STATE/ZIP

OWN

LEASE

CITY PERSONAL PROPERTY NUMBER

FID / EIN NUMBER

A: PARTNER'S NAME

PHONE NUMBER

HOME ADDRESS

CITY/STATE/ZIP

OWN

LEASE

DRIVER'S LICENSE #

OTHER CITY-OWNED PROPERTY PARCELS

B. PARTNER'S NAME

PHONE NUMBER

HOME ADDRESS

CITY/STATE/ZIP

OWN

LEASE

DRIVER'S LICENSE #

OTHER CITY-OWNED PROPERTY PARCELS

CONTACT PERSON

PHONE NUMBER

EMAIL ADDRESS

SECTION D: SOLE PROPRIETORSHIP

LICENSE TYPE

BUSINESS NAME

BUSINESS ADDRESS

CITY/STATE/ZIP

OWN

LEASE

CITY PERSONAL PROPERTY NUMBER

FID / EIN NUMBER

OWNER'S NAME

DRIVER'S LICENSE #

PHONE NUMBER

HOME ADDRESS

CITY/STATE/ZIP

OWN

LEASE

OTHER CITY-OWNED PROPERTY PARCELS

EMAIL ADDRESS

SECTION E: PERSONAL SERVICES

NAME

ADDRESS

OWN

LEASE

CITY/STATE/ZIP

PHONE NUMBER

DRIVER LICENSE

OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

FOR TREASURY COLLECTION USE ONLY:

APPROVED

DENIED

SEP 03 2015

DENIED WITH ATTACHMENTS

CLEARANCE VALID UNTIL

JAN 15 2016

SIGNATURE

DATE



REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: CONTRACTING & PROCUREMENT

E-MAIL ADDRESS: pattersoni@detroitmi.gov

CONTACT NAME: Iva Patterson PHONE: 224-4609 FAX: 628-1160

Type of Clearance: ☐ New ☒ Renewal (Please submit 30 days prior to submitting bid or expiration date)

To:
A. City of Detroit
Income Tax Division
Coleman A. Young Municipal Center
2 Woodward Avenue, Ste. 1220
Detroit, MI 48226

Phone: (313) 224-3328 or 224-3329
Fax: (313) 224-4588

For:
Individual or
Company Name Wolverine Solutions Group
Address 1601 Clay

City Detroit

State MI Zip Code 48211

Telephone (313) 873-6800 Fax # (313) 873-8730

E-mail Address kmirkovic@wolverinemail.com

B. Name of Chief Financial Officer/Authorized Contact Person
(include address if different from above)

ksenija mirkovic

Employer Identification or Social Security Number
38-2233061

Telephone # (313) 871-6176

Fax # (313) 873-8730

Spouse Social Security Number

Nature of Contract printing services

BID CONTRACT AMOUNT (if known):

Labor: \$ _____ Material: \$ _____

Contract # (if known) _____

C. ALL QUESTIONS MUST BE ANSWERED TO EXPEDITE APPROVAL PROCESS. ANY QUESTION NOT ANSWERED MAY RESULT IN A DENIAL OF INCOME TAX CLEARANCE.

Check One: ☐ Individual ☒ Corporation ☐ Partnership ☐ Estate & Trust

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

- Have you filed joint returns with spouse during the last seven (7) years? (If yes, include spouse SSN above) ☐ Yes ☐ No
- Are you a student, and/or claimed as a dependent on someone else's tax return? ☐ Yes ☐ No
- Were you employed in the City of Detroit during the last seven (7) years? ☐ Yes ☐ No
- Were you a resident of Detroit during the last seven (7) years? ☐ Yes ☐ No

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7.

- Is the company a new business in Detroit? If yes, attach Employer Registration (Form DSS-4). ☐ Yes ☒ No
- Will the company have employees working in Detroit? ☒ Yes ☐ No
- Will the company use sub-contractors or independent contractors in Detroit? ☐ Yes ☒ No

D. FOR INCOME TAX USE ONLY

Has the contractor complied with the provisions of the City Income Tax Ordinance?

☒ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Signature LUCHETIA JENNINGS

Signature INCOME TAX INVESTIGATOR

Signature _____

Signature _____

Date JUN 16 2015 Expires JUN 16 2016

Date _____ Expires _____

Date _____ Expires _____

Date _____ Expires _____

VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT: www.detroitmi.gov

NOTE: An approved Income Tax Certificate may be used in multiple city wide departments that require a bid. Please e-mail your completed request form (preferably in pdf format) to: IncomeTaxClearance@detroitmi.gov

Hiring Policy Compliance Affidavit

I, TERESA KERCHKOF, being duly sworn, state that I am the _____
Title PAYROLL MANAGER of WOLVERINE SOLUTIONS GROUP
Name of Bidder Corporation or Other Business Entity

and that I have reviewed the hiring policies of this employer. I affirm that these policies are in compliance with the requirements of Article V, Division 6 of the Detroit City Code of 1984, being Sections 18-5-81 through 18-5-86 thereof I further affirm that this employer will not inquire or consider the criminal convictions of applicants for employment needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted, until such times as the employer interviews the applicant or determines that the applicant is qualified.

In support of this affidavit, I attach a copy of the application form that will be used to hire employees needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted.

SIGNED,

Teresa Kerchko
Title: PAYROLL MANAGER Date: 3-20-13

STATE OF Michigan
COUNTY OF Wayne) SS

The foregoing Affidavit was acknowledged before me the 20 day of March, 2013,
by K.M.

Ksenija Mirkovic
KSENIJA MIRKOVIC
Notary Public, State of Michigan
County of Macomb
My Commission Expires Jun. 28, 2019
Acting in the County of Wayne

Notary Public, County of Wayne
State of Michigan
My commission expires: 2019

WOLVERINE SOLUTIONS GROUP

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Appt: _____

In: _____

Wolverine Solutions Group is an equal opportunity employer dedicated to a policy of nondiscrimination in employment upon any basis, including race, color, creed, religion, age, sex, national origin, ancestry, sexual orientation, marital status, military status, or the presence of any non-job-related medical condition or disability. Please keep in mind that the questions contained in this application are not intended to be discriminatory based on any non-job information.

P E R S O N A L	Last Name		First	Middle	Today's Date
	Street Address				Home Phone ()
	City, State, Zip				Work Phone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No				Social Security No.
	If Yes, Month and Year		Location		Position
	Position Desired:		Type of work desired:		Pay Expected
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		
	What shifts do you prefer ?				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	When would you be available to begin work?				Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
	In case of emergency contact:		Address	City	State
Special training or skills (languages, machine operation, etc.)					Daytime Phone ()
Please list any interests or hobbies that may apply.					
1. _____ 2. _____ 3. _____					
How did you learn about our company?					
<input type="checkbox"/> Sign in window <input type="checkbox"/> Advertisement <input type="checkbox"/> Referred by: _____ <input type="checkbox"/> Other: _____					

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	HIGH SCHOOL					
	COLLEGE					
	OTHER					

EMPLOYMENT

Please give an accurate, complete full-time and part-time employment record. Start with your present or most recent employer. Even though a resumé may accompany your application, this section must be completed.

1	Company Name	Telephone ()
	Address	Employed (State Month and Year) From To
	State Job Title and Describe Your Work	Name of Supervisor
	Salary Starting Pay: Per Final Pay: Per	Reason For Leaving

2	Company Name	Telephone ()
	Address	Employed (State Month and Year) From To
	State Job Title and Describe Your Work	Name of Supervisor
	Salary Starting Pay: Per Final Pay: Per	Reason For Leaving

3	Company Name	Telephone ()
	Address	Employed (State Month and Year) From To
	State Job Title and Describe Your Work	Name of Supervisor
	Salary Starting Pay: Per Final Pay: Per	Reason For Leaving

4	Company Name	Telephone ()
	Address	Employed (State Month and Year) From To
	State Job Title and Describe Your Work	Name of Supervisor
	Salary Starting Pay: Per Final Pay: Per	Reason For Leaving

5	Company Name	Telephone ()
	Address	Employed (State Month and Year) From To
	State Job Title and Describe Your Work	Name of Supervisor
	Salary Starting Pay: Per Final Pay: Per	Reason For Leaving

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1 Name of Contractor: Wolverine Solutions Group
2 Address of Contractor: 1601 Clay Avenue
Detroit MI 48211-1913

3 Name of Predecessor Entities (if any): _____

4 Prior Affidavit submission? ☐ No ☒ Yes, on: 11-5-2010
(Date of prior submission)

If "No", complete Items 5 and 6.

If "Yes", list date of prior submission above, go to Item 6 and execute this Affidavit.

5. _____ Contractor was established in _____ (year) and did not exist during the slavery era in the United States, is not a successor in interest to any entity that existed during such time, and therefore has no relevant records to search, or any pertinent information to disclose.

_____ Contractor has searched their records and those of any predecessor entity, and has found no records that they or any predecessor(s) made any investments in, or derived profits from the slave industry or from slave holder insurance policies.

_____ Contractor has found records that they or their predecessor(s) made investments in, or derived profits from, the slave industry or slave holder insurance policies. The nature of the investment, profits, or insurance policies, including the names of any slaves or slave holders, is disclosed in the attached document(s).

6 I declare that the representations made in this Affidavit are accurate to the best of my knowledge and are based upon a diligent search of records in the Contractor's possession or knowledge. All documentation attached to this Affidavit reflects full disclosure of all records that are required to be disclosed to the City of Detroit. I also acknowledge that any failure to conduct a diligent search, or to make a full and complete disclosure, shall render this contract voidable by the City of Detroit.

Stacey Blue (Printed Name) Sales Executive (Title)
Stacey Blue (Signature) 4-8-2011 (Date)

Subscribed and sworn to before me
this 8 day of April

[Signature]
Notary Public, Macomb County, Michigan
My Commission expires 2012

KSENIJA MIRKOVIC
Notary Public, State of Michigan
County of Macomb
My Commission Expires Jun. 28, 2012
Acting in the County of Macomb

[illegible]

(EXHIBIT C - continued)
STATEMENT OF POLITICAL CONTRIBUTIONS AND EXPENDITURES

Except as set forth above, I certify that no contributions or expenditures were made to elective city officials within the previous four (4) years by the contractor, its affiliates, subsidiaries, principals, officers, owners, directors, agents, assigns, and, if any of the foregoing are individuals, their spouses.

I understand that the information provided in this disclosure will be relied upon by the City of Detroit in evaluating the proposed bid, solicitation, contract or lease. I swear [or affirm] that the information provided is accurate. If I am signing on behalf of an entity, I swear [or affirm] that I have the authority to provide this disclosure on behalf of the entity.

Sign name: [Signature]

Print name: Robert T. Toloczko

Sworn and subscribed to before me
on October 07, 2015 by Robert T. Toloczko
Owner of the above named contractor/vendor, an authorized
representative or agent of the contractor/vendor]

Sign: [Signature]
Print: Tracy Russell
Notary Public, Macomb County, Michigan,
Acting in Macomb County
My Commission Expires: 7/23/2023



CERTIFICATE OF LIABILITY INSURANCE

WOLVE-1

OP ID: LP

DATE (MM/DD/YYYY)

01/15/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Brown & Brown Insurance
360 Three Meadows Drive
Perrysburg, OH 43551
Damian J. Dorsten, CPCU, CIC

CONTACT NAME: Damian Dorsten

PHONE (A/C, No, Ext): 419-874-1974

FAX (A/C, No): 419-874-3583

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Grange Mutual Casualty Company

14060

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
Wolverine Mailing, Packaging
Warehouse, Inc.
1601 Clay St.
Detroit, MI 48211

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	CPP2195674-00	12/15/2014	12/15/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CPP2195674-00	12/15/2014	12/15/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		CUP2195676-00	12/15/2014	12/15/2015	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WCP2195675-00	12/15/2014	12/15/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Auto Physical Damage		CPP2195674-00	12/15/2014	12/15/2015	Comprehen \$500 Ded Collision \$1,000 Ded

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
City of Detroit is included as Additional Insured as required by written contract or agreement.

CERTIFICATE HOLDER

CANCELLATION

CTYDETP

City of Detroit
Purchasing Division
2 Woodward Ave.
Detroit, MI 48226

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Damian J Dorsten

COVENANT OF EQUAL OPPORTUNITY

Furthermore, I understand that this covenant is valid for the life of the contract and that a breach of this covenant shall be deemed a material breach of the contract and subject to damages in accordance with the City of Detroit Code, Ordinance No. 27-3-2, Section (e).

RFQ / PO No. 2844470

Printed Name of Contractor: Wolverine Solutions Group
(Type or Print Legibly)

Contractor Address: 1001 Clay St, Detroit, MI, 48211
(City) (State) (Zip)

Contractor Phone/E-mail: 313-871-6189 / dsienko@wolverine.net
(Phone) (E-mail)

Printed Name & Title of Authorized Representative: DAVE SIENKO

Signature of Authorized Representative: Dave Krich

Date: 1-9-12

Signature of Notary Guyon *llm* ^{** This document MUST be notarized **}

Printed Name of Seal of Notary: KSENJA MIRKOVIC

My Commission Expires 06 / 28 / 2012

KSENIJA MIRKOVIC
Notary Public State of Michigan
County of Macomb
My Commission Expires on Jun. 28, 2012
Acting in the County of *Macomb*

For Office Use Only:

Cov. Rec'd: / / in

Department Name: _____

☐ Accepted by: _____

☐ Rejected by: _____

Please email or fax Covenant and EOC to Director of Human Rights Department 1026 CAYMC at HumanRightsCL@detroitmi.gov or fax (313) 224-3434.

SAM Search Results
List of records matching your search for :

Record Status: Active

DUNS Number: 807408088

Functional Area: Entity Management, Performance Information

No Search Results

Wolverine Solutions Group

City Council Contract Agenda Items Review Checklist

Reviewer: IVA PATERSON
(purchasing agent sign here)

Date Received: 10/21/2015

Date: 10/16/2015 Department Department of Elections Division: Administration

Dept Head/Contact Person: Caven West Phone No.: 313-876-0010

Description: The vendor furnishes and prints our voter ID cards for the citizens to take with them to the polls on election day

brief explanation of function or need of the goods/services

Contract No.: 2873835 PO Type: CPO Est. Value: \$ 85,800.00
110,000.00

Contract Term (if applicable): 7-1-2016 - 6-30-2017
02-01-2013 to 06/30/2016

Funding: City 100% State % Federal % Other: %
(Documentation must be furnished by the Dept. if anything other than City funding)

Recommended Supplier: Wolverine Solution Group Required Date: 11/15/2015 - 7-1-2016

1. The business being awarded is NEW / RENEWAL If a renewal, provide justification for renewal: Renewal. They are familiar with our works and have, have two one year renewal options and provide the service at reasonable cost compared to other vendors
2. Was the product or service competitively bid? ☐ Yes ☒ No
Attach Copy of Bid Tabulation/Evaluation score sheets as needed
If the answer to #2 is "NO" explain why there was no competition:
They are a sole source vendor.
3. Was a Co-Operative Agreement Considered? ☐ Yes ☒ No Co-Operative Name:
If answer to #3 is "No" explain why a Co-Op was not considered:
4. Were savings achieved? 10% discount
☒ Yes Amount \$ ☐ No

5. Does this agreement represent an increase? yes

☐ Variance in unit price only (Current unit price \$0.00 Proposed Unit Price \$0.00)

☒ Change in amount/volume of the good or service to be used. Service to be used for more \$ 110,000.00 frequently in a presidential election year.

6. Does the supplier currently provide other goods and services to the City? ☒ Yes ☐ No

If yes please list: They provide folding and mailing services to us under CPO 2909757

7. Is this good/service used by other departments? ☐ Yes ☒ No If "yes" can this Req/PAR be combined other department requirements? ☐ Yes ☒ No

8. Is this a service that can be performed by City employees? ☐ Yes ☒ No

Is this a service that City employees can be trained to do? ☐ Yes ☒ No

NOTES: Buyer:

a. Excluded Parties List / Supplier Award Management Website Reviewed? Yes ☒ No ☐

☒ PLACE ON FINANCIAL REVIEW COMMISSION AGENDA

☒ PLACE ON CITY COUNCIL AGENDA

☐ REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED: Laver West Chief/Staff DATE: 10/22/15
(Department)

INFORMATION PROVIDED BY: Christian Maduka

TITLE: Sr. Governmental Analyst

PHONE: 313-876.0080

Purchasing - Sole Source Justification

Procedure
Revised
May 15, 2012

To be Completed and Approved before a commitment is made.

Purchasing Division

Expectation: Except in cases of emergency, Purchases shall require competitive bidding per procedures established by ordinance to protect the interest of the City and to assure fairness.

What is a sole source?

A sole source purchase is defined as the awarding of a purchase order / contract for services or products whereby the process to competitively bid was not performed.

When is a sole source applicable?

A sole source is applicable when documentation is provided that the product or service is supported by any of the following:

- ☐ Proprietary (protected by Law)
- ☐ New technology (data or product)
- ☐ Public Threat
- ☐ Licenses
- ☒ Specialized facility
- ☐ Specialized test equipment
- ☒ Unique skills

Check all that applies:

- provide supporting documentation (mandatory)
- provide how cost/price was benchmarked

Department Name Elections Date 9-12-2012

Description of Goods/Services to be Purchased: (Must be Attached) Please See
Attached Specification

Justification of Sole Source: (Must be specific and attached) Vendor has compatible
Software enabling them to parse our Data File to populate
Voter Information into the Voter Registration Cards.

When are Goods or Services Required: (Due Date MM/DD/Yr.) A.S.A.P.

*Approval required by Department Executive (Director level or above)

Gina Avery
Requestor (Name)

Gina Avery
Department Exec or Director (Name)

Iva Pothoven
Purchasing Representative (Name)

Bayne Jack
Chief Procurement Officer (Name)

Gina Avery 876 0221 9-12-12
Signature Phone / Date

Gina Avery 876 0221 9-12-12
Signature Phone / Date

Sam Faltus 2244609 12-13-12
Signature Phone / Date

Bayne Jack 12/14/12
Signature Phone / Date